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PATENT  
SOM01 P-322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3671  
Examiner : G. Hartmann  
Applicants : Philip J. Quenzi et al.  
Serial No. : 10/804,325  
Filed : March 19, 2004  
For : **APPARATUS AND METHOD FOR IMPROVING THE  
CONTROL OF A CONCRETE SCREED HEAD ASSEMBLY**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Via Facsimile: (703) 872-9306

Dear Sir or Madam:

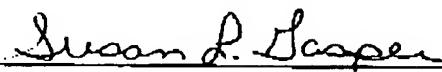
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims as Amended Transmittal Sheet (1 page, in duplicate)
2. Response (9 pages)

YOU SHOULD RECEIVE A TOTAL OF 12 PAGES.

Date: April 22, 2005

  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhart, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
(616) 975-5500

TAF/slg

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than Small Entity
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total Claims * 17	Minus ** 55	= 0	x \$25	\$ .00
Independent Claims * 5	Minus *** 5	= 0	x \$100	\$ .00
First Presentation of Multiple Dependent Claims			\$180	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$ 0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN &amp; BURKHART, LLP

Date: April 22, 2005

By Timothy A. Flory  
 Timothy A. Flory, Registration No. 42 540  
 2851 Charlevoix Drive, S.E.  
 P.O. Box 888695  
 Grand Rapids, Michigan 49588-8695  
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Dear Sir:

RESPONSE

Responsive to the Office Action mailed January 31, 2005, Applicants wish to amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.